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POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	2-16-98
FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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POSITION	INT.	DATE
CLASSIFIER		
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		

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# INDEX OF CLAIMS

Claim	Date
Final	Original
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Claim	Date
Final	Original
151	10/25/49
152	10/26/49
153	10/28/49
154	10/29/49
155	10/30/49
156	10/31/49
157	11/1/49
158	11/2/49
159	11/3/49
160	11/4/49
161	11/5/49
162	11/6/49
163	11/7/49
164	11/8/49
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182	11/26/49
183	11/27/49
184	11/28/49
185	11/29/49
186	11/30/49
187	12/1/49
188	12/2/49
189	12/3/49
190	12/4/49
191	12/5/49
192	12/6/49
193	12/7/49
194	12/8/49
195	12/9/49
196	12/10/49
197	12/11/49
198	12/12/49
199	12/13/49
200	12/14/49

Claim		Date									
Final	Original	11/15/02	01/08/03								
201		✓	✓								
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